

South Carolina Department of Health and Human Services

OVERPAYMENT OF MEDICAID BENEFITS

If agency error, do not complete.

DIRECTIONS: Ten (10) calendar days after the date on Form 928, Notice of Overpayment, submit this completed Form 3252 along with the Form 928, to the Division of Policy and Planning via a GroupLink ticket. In GroupLink, enter the following information: **Group:** Medicaid Eligibility; **Category:** Medicaid Policy; **Category Option:** Overpayment Summary; **Subject line:** Overpayment of Medicaid Benefits. Attach the completed Form 3252 and Form 928 to your ticket and submit. After reviewing the overpayment, the Division of Policy and Planning will forward the ticket to Program Integrity.

FROM: _____, Medicaid Eligibility Worker

_____ County Medicaid Office

(Mailing Address)

(City, State, Zip Code)

(Telephone No.)

DATE: _____

SUBJECT: Overpayment of Medicaid Benefits

Case Name: _____ **Medicaid No.** _____

Address: _____

_____ **Telephone No.** _____

Social Security No. _____ **Program(s):** _____

Date Detected: _____ **Time Frame:** _____ / _____ thru _____ / _____
Month Year Month Year

Source of Discovery: _____

Detailed Description of Error: (Summary of facts pertaining to overpayment.)

Did overpayment result from a sanctionable transfer? _____ Yes _____ No

If yes, only nursing home vendor payment(s) and home and community based waiver services claims are recouped.

SCANNERS: Scan into OnBase as an overpayment